**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)							:	SMALL E	ENTITY	OR	OTHER SMALL		
FOR			NUMBER FILED			NUMBER EXTRA		Γ	RATE	FEE	] [	RATE	FEE
BASIC FEE							en er i de			345.00	OR		690.00
TOTAL CLAIMS			minus 20		20=	= * 25			X\$ 9= .		OR	X\$18=	450
INDEPENDENT CLAIMS			∂∂ minus 3		3 =	= * 1.9			X39=		OR	X78=	1482
MU	JLTIPLE DEPEN	CLAIM PF	RESENT	,			Γ	+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column						column 2		TOTAL		OR	TOTAL	2600	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							_;	SMALL E	ENTITY	OR	OTHER SMALL E		
AMENDMENT A	10 2 2 3	CLAIMS REMAINING AFTER AMENDMENT		9.0	PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total			Minus	**		=		X\$ 9=	. !	OR	X\$18=	
AME	Independent	*	W 05 ***	Minus	***		=	Γ	X39=		OR	X78=	
H	FIRST PRESE	NIATIC	JN OF ML	JUITLE DE	PENE	JENI CLAIN	<u>'</u>		+130=		OR	+260=	· ·
								<u> </u>	TOTAL		OR	TOTAL ADDIT. FEE	
								^.	,,,,,	4	-		
		(Col	umn 1)			Column 2)	(Column 3)	AL	DDIT. FEE			הטטוו. רבבן	
ENT B		CL REM AF	umn 1) Aims Iaining Fter Ndment		PF	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT B	Total	CL REM AF	AIMS IAINING FTER	Minus	PF	HIGHEST NUMBER REVIOUSLY	PRESENT		·	TIONAL	OR		TIONAL
AMENDMENT B	Independent	CL REM AF AMEN	AIMS IAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =		RATE	TIONAL		RATE	TIONAL
AMENDMENT B		CL REM AF AMEN	AIMS IAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =		RATE X\$ 9=	TIONAL	OR	RATE X\$18=	TIONAL
AMENDMENT B	Independent	CL REM AF AMEN	AIMS IAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =		RATE  X\$ 9=  X39= +130=  TOTAL	TIONAL	OR OR OR	RATE  X\$18=  X78= +260=  TOTAL	TIONAL FEE
AMENDMENT B	Independent	CL REM AR AMEN *	AIMS IAINING FTER NDMENT  ON OF MU	Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA =		RATE  X\$ 9=  X39= +130=	TIONAL	OR OR OR	RATE  X\$18=  X78= +260=	TIONAL FEE
. o	Independent	CLI REMANDENT COLOR CLI REMANDENT CLI REMAND	AIMS IAINING FTER NDMENT ON OF MU	Minus	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA = =		RATE  X\$ 9=  X39= +130=  TOTAL	TIONAL	OR OR OR	RATE  X\$18=  X78= +260=  TOTAL	TIONAL FEE
. o	Independent	CLI REMANDENT COLOR CLI REMANDENT CLI REMAND	AIMS IAINING FTER NDMENT  ON OF MU  AIMS IAINING FTER	Minus	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA  = = (Column 3) PRESENT		X\$ 9= X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE	ADDI- TIONAL
	Independent FIRST PRESE  Total Independent	CLI REM AF AMEN AF AMEN AF AMEN	AIMS IAINING FTER NDMENT  ON OF MU  AIMS IAINING FTER NDMENT	Minus ULTIPLE DE	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM PAID FOR	PRESENT EXTRA  = =		RATE  X\$ 9=  X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE	ADDI- TIONAL
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- AMENDMENT C	Independent FIRST PRESE  Total Independent	CLI REM AF AMEN   *  *  *  *  *  *  *  *  *  *  *  *  *	AIMS IAINING FTER NDMENT  ON OF MU  AIMS IAINING FTER NDMENT  ON OF MU	Minus  ULTIPLE DE  Minus  Minus  ULTIPLE DE	PF (C	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM	PRESENT EXTRA  = =	A	X\$ 9=  X39= +130= TOTAL DDIT. FEE  RATE  X\$ 9=	ADDI- TIONAL	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=	ADDI- TIONAL FEE